PRINTED: 05/07/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		154020	B. WING_				C / 18/2015
	ROVIDER OR SUPPLIER L MENTAL HEALTH CE			85	REET ADDRESS, CITY, STATE, ZIP CODE 55 TAFT ST ERRILLVILLE, IN 46410	1 03	110/2013
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
A 000	INITIAL COMMENT	S	A	000			
	This visit was for or hospital complaint ir unaccredited facility	vestigation of an					
	Complaint Number: IN00168212 Substantiated: deficient allegations.	ciencies cited related to					
	Date: 3/18/15						
	Facility Number: 00	5184					
	Surveyor: Jacquelir Nurse Surveyor	ne Brown, R.N., Public Health					
A 117	QA: claughlin 03/26 482.13(a)(1) PATIEN RIGHTS	6/15 NT RIGHTS: NOTICE OF	Α.	117			4/29/15
	appropriate, the pati allowed under State	rm each patient, or when ent's representative (as law), of the patient's rights, in g or discontinuing patient sible.					
	Based on documen the facility failed to in patient's representar	not met as evidenced by: t review and staff interview, nform each patient, or tive of the patient's rights in g patient care for 1 of 1 [AIU]) area.					
	Findings:						
	1. Review of the Pla	n for Professional Services					
ARORATORY I	NIRECTOR'S OR PROVIDE	R/SLIPPLIER REPRESENTATIVE'S SIGNATUR	DE		TITI F		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		154020	B. WING		03/18/2015
	ROVIDER OR SUPPLIER	NTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8555 TAFT ST MERRILLVILLE, IN 46410	1 00/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
A 117	under Inpatient Progresection, point 2., "The consent to treatment on an involuntary base" 2. Staff #5 (R.N., Chainterviewed on 3/18/" hours and confirmed brought up to the AIL (Residential Addiction shot or TB (tuberculo the patients being bro	n on 3/18/15 at nours, indicated on pg. 14, ram Admission Criteria e client is willing to voluntarily or is eligible for admission sis." arge Nurse for AIU) was 15 at approximately 1355 patients are sometimes 1 by staff from the RAU is Unit) downstairs to get a sis) test. Medical records for ought up to the AIU from the ledical treatment and/or ave a medical record	A 11	7	
A 131	hours and confirmed brought up to the AIL Phenergan shot. 4. Due to the lack of rights were not furnis patient care and consdocumented. 482.13(b)(2) PATIEN CONSENT The patient or his or allowed under State informed decisions really the patient's rights in or her health status, in the patient of the AIL Phenergan should be allowed to the AIL Phenergan should be all	ff Nurse for AIU) was 15 at approximately 1415 sometimes the patients are 1, especially if they get a medical records, patient's hed in advance of rendering sent to treatment was not T RIGHTS: INFORMED ther representative (as aw) has the right to make egarding his or her care. Include being informed of his being involved in care ent, and being able to request	A 13	1	4/29/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		154020	B. WING		C 03/18/2015
	ROVIDER OR SUPPLIER	NTER	8	STREET ADDRESS, CITY, STATE, ZIP CODE 8555 TAFT ST MERRILLVILLE, IN 46410	1 00/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICE DEFICIENCY)	D BE COMPLETION
A 131	construed as a mech provision of treatmer medically unnecessa. This STANDARD is Based on document the facility failed to e patients in advance of 1 of 1 (Adult Inpatient Findings: 1. Review of the Plan and Staff Composition approximately 1040 under Inpatient Prog section, point 2., "The consent to treatment on an involuntary bate 2. Staff #5 (R.N., Chinterviewed on 3/18/hours and confirmed brought up to the All (Residential Addictions shot or TB (tuberculous the patients being brown RAU who received medications do not homaintained on the All 3. Staff #6 (R.N., Stainterviewed on 3/18/hours and confirmed brought up to the All Phenergan shot.	This right must not be tanism to demand the at or services deemed ary or inappropriate. Inot met as evidenced by: review and staff interview insure informed consent for of furnishing patient care for at Unit [AIU]) area toured. In for Professional Services on on 3/18/15 at thours, indicated on pg. 14, ram Admission Criteria e client is willing to voluntarily or is eligible for admission sis." In arge Nurse for AIU) was 15 at approximately 1355 patients are sometimes J by staff from the RAU insurable to get a posis) test. Medical records for ought up to the AIU from the medical treatment and/or have a medical record	A 131		

PRINTED: 05/07/2015 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		154020		B. WING		C 03/18/2015	
	ROVIDER OR SUPPLIER	L		STR 855	REET ADDRESS, CITY, STATE, ZIP CODE 55 TAFT ST ERRILLVILLE, IN 46410	03/	16/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 131		was not documented and not furnished in advance of	A	131			
A 392	The nursing service in numbers of licensed in practical (vocational) to provide nursing can There must be superneach department or in needed, the immedianurse for bedside car. This STANDARD is in Based on policy and document review, and failed to provide adect to ensure the available bedside care of any pullipatient Unit) area to Findings: 1. Policy titled, "Clinic Unit - Procedure" reviews reviewed on 3/18 hours and confirmed MHTs (Mental Health and Evening shifts, unand below. 2. Nursing staffing patthe AIU for 2/1/15 throon 3/18/15 at 1130 hours guidelines. On 2-4 2-19-15, 2-20-15, and	registered nurses, licensed nurses, and other personnel re to all patients as needed. visory and staff personnel for ursing unit to ensure, when the availability of a registered re of any patient. Into the met as evidenced by: procedure review, a staff interview the facility quate numbers of personnel lity of a registered nurse for reatient on 1 of 1 (Adult bured. Interview the facility quate numbers of personnel lity of a registered nurse for reatient on 1 of 1 (Adult bured. Interview the facility quate numbers of personnel lity of a registered nurse for reatient on 1 of 1 (Adult bured. Interview the facility at the personnel lity of a registered nurse for satient on 1 of 1 (Adult bured. Interview the facility at the facility at the personnel lity of a registered nurse for satient census is 9 Interview the facility and census for bugh 2/28/15, was reviewed burs and facility did not meet	A	392			4/29/15

AND DLAN OF CORRECTION IDENTIFICATION NUMBER		' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		154020	B. WING		C 03/18/2015
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 8555 TAFT ST MERRILLVILLE, IN 46410	03/10/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
A 392	except for 2-10-15 wi (2nd); patient census 10, 15, 11, and 10, re have been 3 MHTs o as required by facility 3. Staff #4 (R.N., Nur staff #3 (Director of A Substance Abuse Un Addictions Unit [RAU simultaneously and of A. the AIU is staffed with 1 Charge RN an Health Techs (MHTs) is staffed by 1 RN an B. on 2-4-15, 2-6-15 and 2-23-15 there we the AIU on the day sl which was on the eve census for these day 10, respectively. The on the day and eveni facility policy and pro 482.24(b) FORM AN RECORDS	hich was on the evening shift of these days was 10, 10, aspectively. There should not the day and evening shifts of policy and procedure. The sing Supervisor for AIU) and acute Intensive Services & aits, including Residential of the stand 2nd shifts of 1 Staff RN, with 3 Mental on each shift. The 3rd shift of 2 MHTs. The sing Supervisor for AIU) and acute Intensive Services & aits, including Residential on the 1st and 2nd shifts on the 1st and 2nd shifts on the 1st and 2nd shifts on each shift. The 3rd shift of 2 MHTs. The sing Shift (2nd) is patient as was 10, 10, 10, 15, 11, and are should have been 3 MHTs on shifts as required by cedure. The promption of the sing and accessible in the sing shift and accessible. The	A 35	92	4/29/15
	ensures the integrity protects the security This STANDARD is Based on policy and	ord maintenance that of the authentication and			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				` '	(X3) DATE SURVEY COMPLETED	
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OVIDER OR SUPPLIER	NTER		8555 TAFT ST		03/10/2013	
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION S	SHOULD BE	(X5) COMPLETION DATE	
record for each patie Unit [AIU]) area toure. Findings: 1. Policy titled, "Inpat Administration -Proce 5/10/11 was reviewed approximately 1100 k 3, point 12, "Medicati time the medication i 2. Staff #5 (R.N., Chainterviewed on 3/18/hours and confirmed brought up to the AIL (Residential Addictions hot or TB (tuberculot the patients being broad and the AIL 3. Staff #6 (R.N., Stainterviewed on 3/18/hours and confirmed brought up to the AIL 3. Staff #6 (R.N., Stainterviewed on 3/18/hours and confirmed brought up to the AIL Phenergan shot. 482.24(c)(4)(v) CON INFORMED CONSE	tient Medication edure" revised/reapproved d on 3/18/15 at nours and confirmed on pg. ions are to be charted at the s administered." arge Nurse for AIU) was 15 at approximately 1355 patients are sometimes J by staff from the RAU ns Unit) downstairs to get a psis) test. Medical records for ought up to the AIU from the nedical treatment and/or ave a medical record U. Iff Nurse for AIU) was 15 at approximately 1415 sometimes the patients are J, especially if they get a TENT OF RECORD: NT cument the following, as				4/29/15	
	OVIDER OR SUPPLIER MENTAL HEALTH CEI SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag record for each patie Unit [AIU]) area toure Findings: 1. Policy titled, "Inpat Administration -Proce 5/10/11 was reviewe approximately 1100 l 3, point 12, "Medicat time the medication i 2. Staff #5 (R.N., Chainterviewed on 3/18/ hours and confirmed brought up to the AIL (Residential Addiction shot or TB (tuberculce the patients being brought up to the AIL (Residential Addiction shot or TB (tuberculce the patients being brought up to the AIL All who received medications do not he maintained on the AIL 3. Staff #6 (R.N., Stainterviewed on 3/18/ hours and confirmed brought up to the AIL Phenergan shot. 482.24(c)(4)(v) CON INFORMED CONSE [All records must doc appropriate:] Properly executed in procedures and treat	OVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 record for each patient on 1 of 1 (Adult Inpatient Unit [AIU]) area toured. Findings: 1. Policy titled, "Inpatient Medication Administration -Procedure" revised/reapproved 5/10/11 was reviewed on 3/18/15 at approximately 1100 hours and confirmed on pg. 3, point 12, "Medications are to be charted at the time the medication is administered." 2. Staff #5 (R.N., Charge Nurse for AIU) was interviewed on 3/18/15 at approximately 1355 hours and confirmed patients are sometimes brought up to the AIU by staff from the RAU (Residential Addictions Unit) downstairs to get a shot or TB (tuberculosis) test. Medical records for the patients being brought up to the AIU from the RAU who received medical treatment and/or medications do not have a medical record maintained on the AIU. 3. Staff #6 (R.N., Staff Nurse for AIU) was interviewed on 3/18/15 at approximately 1415 hours and confirmed sometimes the patients are brought up to the AIU. 3. Staff #6 (R.N., Staff Nurse for AIU) was interviewed on 3/18/15 at approximately 1415 hours and confirmed sometimes the patients are brought up to the AIU, especially if they get a Phenergan shot. 482.24(c)(4)(v) CONTENT OF RECORD: INFORMED CONSENT [All records must document the following, as appropriate:] Properly executed informed consent forms for procedures and treatments specified by the	OVIDER OR SUPPLIER MENTAL HEALTH CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 record for each patient on 1 of 1 (Adult Inpatient Unit [AIU]) area toured. 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Staff #5 (R.N., Charge Nurse for AIU) was interviewed on 3/18/15 at approximately 1355 hours and confirmed patients are sometimes brought up to the AIU by staff from the RAU (Residential Addictions Unit) downstairs to get a shot or TB (tuberculosis) test. Medical records for the patients being brought up to the AIU from the RAU or the celeved medical treatment and/or medications do not have a medical record maintained on the AIU. 3. Staff #6 (R.N., Staff Nurse for AIU) was interviewed on 3/18/15 at approximately 1415 hours and confirmed sometimes the patients are brought up to the AIU perceived medications and confirmed sometimes the patients are brought up to the AIU, especially if they get a Phenergan shot. 482.24(c)(4)(v) CONTENT OF RECORD: INFORMED CONSENT [All records must document the following, as appropriate:] Properly executed informed consent forms for	OVIDER OR SUPPLIER 154020 STREET ADDRESS, CITY, STATE, ZIP CODE 8855 TAFT ST MERRILLVILLE, IN 46410 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 record for each patient on 1 of 1 (Adult Inpatient Unit [AlU]) area toured. Findings: 1. Policy titled, "Inpatient Medication Administration -Procedure" revised/reapproved 5/10/11 was reviewed on 3/18/15 at approximately 1100 hours and confirmed on pg. 3, point 12, "Medications are to be charted at the time the medication is administered." 2. Staff #5 (R. N., Charge Nurse for AlU) was interviewed on 3/18/15 at approximately 1355 hours and confirmed patients are sometimes brought up to the AlU by staff from the RAU (Residential Addictions Unit) downstains to get a shot or TB (tuberculosis) test. Medical records for the patients being brought up to the AlU from the RAU who received medical treatment and/or medications do not have a medical record medications do n	

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NAME OF PROVIDER OR SUPPLIER REGIONAL MENTAL HEALTH CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 8555 TAFT ST MERRILLVILLE, IN 46410	72013	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 466 This STANDARD is not met as evidenced by: Based on document review and staff interview the facility failed to ensure properly executed informed consent forms for procedures and treatments in advance of furnishing patient care for 1 of 1 (Adult Inpatient Unit [AIU]) area toured. Findings: 1. Review of the Plan for Professional Services and Staff Composition on 3/18/15 at approximately 1040 hours, indicated on gp. 14, under Inpatient Program Admission Criteria section, point 2., "The client is willing to voluntarily consent to treatment or is eligible for admission on an involuntary basis." 2. Staff #5 (R.N., Charge Nurse for AIU) was interviewed on 3/18/15 at approximately 1355 hours and confirmed patients are sometimes brought up to the AIU by staff from the RAU (Residential Addictions Unit) downstairs to get a shot or TB (tuberculosis) test. Medical records for the patients being brought up to the AIU from the RAU who received medical treatment and/or medications do not have a medical record maintained on the AIU. 3. Staff #6 (R.N., Staff Nurse for AIU) was interviewed on 3/18/15 at approximately 1415 hours and confirmed sometimes the patients are brought up to the AIU, especially if they get a Phenergan shot. 4. Due to the lack of medical records, patient's consent to treatment was not documented in advance of rendering patient care.		